Behavioral Health Integration Training Needs in Health Care Delivery System Reform

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HRSA Health Workforce

Outline

- Primary Care and Behavioral Health Integration
- National Center for Health Workforce Analysis (NCHWA)
- Behavioral Health Workforce Research Center
- VA Case Study
- Training

Need for BH Integration

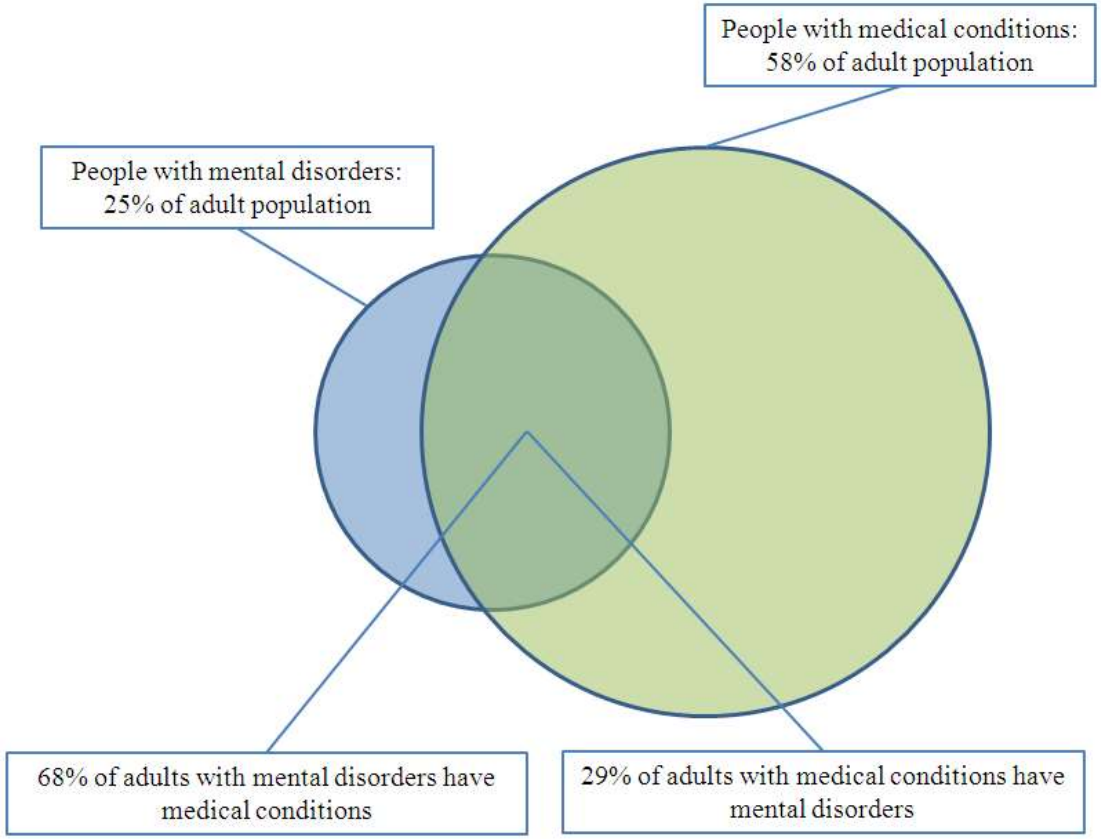
Those with BH conditions:

- **Have higher rates of diabetes (2 – 3 times higher) and cardiovascular disease (2 -3 times higher). (1)**
- **40% of all cigarettes sold in the U.S. are purchased by people with mental illnesses and/or substance use disorders (2)**
- **Persons with mental disorders died an average of 8.2 years younger than the rest of the population, mainly medical conditions: cardiovascular disease (33.9%), cancer (21.0%), and pulmonary disease (13.5%). (3)**

Those with medical conditions have more BH:

- **Those patients with chronic medical illnesses-- such as diabetes, arthritis, chronic pain, headache, back and neck problems, and heart disease-- are 2 to 3 times more likely to have mental health problems (4)**
- **Meta-analyses indicate that the rate of depression in patients with type 2 diabetes is 1.6 to 2.0 times higher than that in the general population; and is associated with poorer treatment adherence. (5)**

Need for BH Integration



Source: National Comorbidity Survey Replication, 2001 -2003. Druss BG and Walker ER. *Mental disorders and medical comorbidity,* Robert Woods Johnson Foundation, Research Synthesis Report No. 21., February 2011.

Delivery System Reform

- Primary care as the locus of coordinated care
- More preventive screening and health promotion
- Co-location of behavioral and physical health care
- New efforts to bolster both primary care practitioners and behavioral health professionals.

- Move away from fee-for-service
- Move to global payments for care and management of conditions
- Pay providers for outcomes; pay for performance

HRSA Health Workforce

About NCHWA

- Authorized by the Affordable Care Act to:
- Support more informed public and private sector decision making related to the health workforce through expanded and improved health workforce data, projections and information.
- To promote the supply and distribution of well-prepared health workers to ensure access to high quality, efficient care for the nation.

NCHWA's Core Activities

1. Health workforce data collection and analysis
2. Projections of supply and demand/need
3. Dissemination of findings, data and information especially to key stakeholders
4. Collaboration with states to collect and analyze health workforce data and identify needs
5. Performance measurement, data collection and analysis
6. Evaluations of BHW programs

Health Workforce Research Center Program

- Supports high quality, impartial, policy-relevant research on the health workforce
- Technical assistance to states, local/regional entities and others in the collection, analysis and reporting of health workforce data
- The six funded centers collect, analyze and report health workforce data or to provide technical assistance
- Behavioral HWRC funded through cooperative agreement to University of Michigan

Behavioral Health Workforce Research Center

- **Year 1 Projects**

1. Development of a Minimum Data Set (MDS) for behavioral health workforce including evaluation of workforce data sources and pilot testing with primary data collection.

2. An evaluation of the accessibility and quality of behavioral health services for vulnerable and underserved communities as well as how integrated, team-based care models affect outcomes.

3. Analysis of Scopes of Practice (SOPs) for behavioral health occupations and how they align with professional responsibilities including an evaluation of reimbursement issues that may limit scope of practice.

Training for Team-Based Care

- **Most Common Behavioral Health Providers Include:**
  - Psychiatrists
  - Psychologists
  - Social Workers
  - Advanced Practice Psychiatric Nurses
  - Marriage and Family Therapists
  - Substance Abuse Counselors
  - Mental Health Counselors
  - Peer Support Specialists
  - Care Managers

Source: Skillman SM, Snyder, CR, Frogner BK, Patterson DG. The Behavioral Health Workforce Needed for Integration with Primary Care: Information for Health Workforce Planning. Center for Health Workforce Studies, University of Washington, April 2016.

CIHS Core Competencies

- **Interpersonal Communication**
- **Collaboration & Teamwork**
- **Screening & Assessment**
- **Care Planning & Care Coordination**
- **Intervention**
- **Cultural Competence**
- **Systems Oriented Practice**
- **Practice-Based Learning & Quality Improvement**
- **Informatics**
- Source: Hoge M.A., Morris J.A., Laraia M., Pomerantz A., & Farley, T. (2014). *Core Competencies for Integrated Behavioral Health and Primary Care*. Washington, DC: SAMHSA - HRSA Center for Integrated Health Solutions.

Case Example—Durham VA Training

- **Primary Care – Mental Health Integration**
  - Training at the Durham VAMC and surrounding community based outpatient clinics (CBOC)
  - Co-located, collaborative, interprofessional mental health team
    - Psychology
    - Psychiatry
    - Social Work
    - Nursing
  - Trainees are co-located in primary care clinics
  - Consultation provided to patient-aligned care teams consisting of the primary care provider, RN, LPN, clinical pharmacist and nutritionist
- **PC-MHI tools and resources found here:**

http://www.mentalhealth.va.gov/coe/cih-visn2/foundations.asp

Outcome Evidence

- Patients who receive behavioral health care in primary care settings are more likely to receive individualized care plans (6)
- Experience less service duplication and error (6)
- Patients report greater satisfaction (6, 7)
- Integration increases access to behavioral health services (7)
- Reduction of stigma (7)

References

1. Source: DE Hert M, Correll CU, Bobes J, Cetkovich-Bakmas M, Cohen D, Asai I, Detraux J, Gautam S, Moller HJ, Ndetei DM, Newcomer JW, Uwakwe R, Leucht S. *Physical illness in patients with severe mental* disorders: *prevalence, impact of medications and disparities in health care.* World Psychiatry. 2011 Feb; 10(1):52-77.

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